

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/806446

FILING DATE

28 June 01

APPLICANT(S)

Barz

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/				51						
2			/				52						
3			/				53						
4			/				54						
5			/				55						
6			/				56						
7			/				57						
8			/				58						
9			0				59						
10			0				60						
11			0				61						
12			0				62						
13			0				63						
14			0				64						
15							65						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			3				TOTAL IND.						
TOTAL DEP.			8				TOTAL DEP.						
TOTAL CLAIMS			11				TOTAL CLAIMS						

BEST AVAILABLE COPY